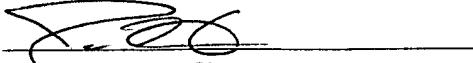




EXPRESS MAIL NO. EV529816329US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 100086.402C2
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		
Application Number 10/648,854		Filed August 25, 2003
For COMPOUNDS AND METHODS FOR REGULATING CELL ADHESION		
Art Unit 1654		Examiner Jeffrey E. Russel
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$_____
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check which includes the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
I am the <input type="checkbox"/> applicant/inventor.		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>42,676</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.</p>		
Registration number if acting under 37 CFR 1.34. _____		
 Signature		November 13, 2006
Jeffrey Hundley, Ph.D., Patent Agent		Date
Typed or printed name		206-622-4900
		Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.		
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 863614_1.DOC		

11/16/2006 RFEKADH1 00000015 10640854

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